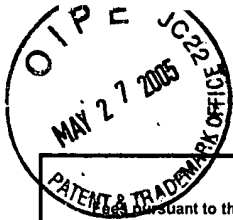


<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/836,006
	Filing Date	04/17/2001
	First Named Inventor	Limin Wang
	Group Art Unit	2151
	Examiner Name	Saundra Ballenger
Total Number of Pages in this Submission	Attorney Docket Number	D2567

ENCLOSURES		(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter with appropriate copies
<input type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Response to Restriction Requirement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Associate Power of Attorney
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> RCE
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	<input type="checkbox"/> Copy of Notice to File Missing Parts
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		X ISSUE FEE/TRANSMITTAL

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Robert P. Marley	Registration No.	32,914
Signature			
Date			

CERTIFICATE OF TRANSMITTAL/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to facsimile number _____ or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below:	
Typed or printed name	Carol A. Smith
Signature	
Date	May 25, 2005



Effective on 12/08/2004

Patent law pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818)

**FEE TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**Complete if Known**

Application Number	09/836,006
Filing Date	4/17/2001
First Named Inventor	Limin Wang
Examiner Name	Saundra Ballenger
Group Art Unit	2151
Attorney Docket No.	D2567

TOTAL AMOUNT OF PAYMENT

(\$)**1700****METHOD OF PAYMENT (check all that apply)**

- ☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account Deposit Account Number: **502117** Deposit Account Name: **MOTOROLA, INC.**
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
- ☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fee(\$)

Small Entity

Fee (\$)

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

50

25

Multiple dependent claims

200

100

360

180

Total ClaimsExtra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

\_\_\_\_\_ - 20 or HP= \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP=highest number of total claims paid for, if greater than 20

Indep. ClaimsExtra Claims

Fee (\$)

Fee Paid (\$)

\_\_\_\_\_ - 3 or HP= \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP=highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE:**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total SheetsExtra SheetsNumber of each additional 50 or fraction thereof

Fee (\$)

Fee Paid(\$)

\_\_\_\_\_ - 100 = \_\_\_\_\_ /50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_

**4. OTHER FEE(S)**

Issue Fee \$1400 Publication Fee \$300

Fee Paid (\$)

\$1700.00

**SUBMITTED BY**

Complete (if applicable)

Name (Print/Type)

Robert P. Marley

Registration No.

32,914

Telephone

215-323-1907

Signature

Date

5.10.05